



TRANSMITTAL FORM

Application Serial Number	10/632,212
Filing Date	July 31, 2003
First Named Inventor	Siegel
Group Art Unit	3736
Examiner Name	Michael Apanius
Attorney Docket No.	MIT-146
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Change of Correspondence Address for Application (1 pg.)
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CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Respectfully submitted,

Date: September 27, 2005
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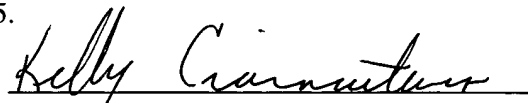
PATENT
Attorney Docket No. MIT-146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Siegel
SERIAL NO.: 10/632,212 GROUP NO.: 3736
FILING DATE: July 31, 2003 EXAMINER: Michael Apanius
TITLE: MEASURING CIRCULATING BLOOD VOLUME THROUGH
RETINAL VASCULOMETRY

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 27th day of September, 2005.


Kelly B. Ciarmataro

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Change of Correspondence Address for Application (1 pg.); and
3. Return Receipt Postcard.



PFW

PATENT
Attorney Docket No. MIT-146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Siegel CONFIRMATION NO.: 1116
SERIAL NO.: 10/632,212 GROUP NO.: 3736
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RETINAL VASCULOMETRY

Commissioner for Patents
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Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE ADDRESS FOR APPLICATION

Sir:

Please change the Correspondence Address for the above-identified patent application to the address associated with:

Customer Number 022832.

I am the Attorney of record, Registration Number 44,244.

Respectfully submitted,

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